This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Secondary Transmissions by Cable Systems (Short Form) DATE RECEIVED AMOUNT contract the U.S. Copyright of additional information. Context the U.S. Copyright at U.S. Copyr	STATEM	ENT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	 Return completed workbook by email to
Cable Systems (Short Form) Concentration of the formation of the concentration of the con			DATE RECEIVED	AMOUNT	-
General instructions are located in the first tab of this workbook. 03/01/2022 \$					<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook. 03/01/2022 ALLOCATION NUMBER Other Licensing Division at (202) 707-9150. A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) (202) 707-9150. (202) 707-9150. A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) (202) 707-9150. (202) 707-9150. Accounting Period 1= January 1-June 30 Period 2= July 1- December 31 (202) 707-9150. (202) 707-9150. Accounting Period 1= January 1-June 30 Period 2= July 1- December 31 (202) 707-9150. (202) 707-9150. Accounting Period 1= January 1-June 30 Period 2= July 1- December 31 (202) 707-9150. (202) 707-9150. Accounting Period 1= January 1-June 30 Period 2= July 1- December 31 (202) 707-9150. (202) 707-9150. Accounting Period 1= January 1-June 30 Period 2= July 1- December 31 (202) 707-9150. (202) 707-9150. B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate the of the subsidiary, ont that of the parent corporation. (202) 707-9150. Check here if this is the system is first fling. If not, enter the system is the subsidiary of another corporation. (202) 707-9150. Cleacy Here if the is the system is first fling. If not, enter the system is first fling.	-	. ,		\$	
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Accounting Period Record Re			Barcode Data Filing Period (optional	- see instructions)	
Period B Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. Ust any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. Ø62905 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM 3027 S SEE LOOP 323 (Number, sited, road code, apertimet, or sule number) TYLER, TX 75701 (City tiews, state, road code, apertimet, or sule number) 1 NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 MIALING ADDRESS OF CABLE SYSTEM: MIALING ADDRESS OF CABLE SYSTEM:	.		20212		
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(City, town, state, zip code)					
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Privacy Act Notice: Section 111 of little 17 of the United States Code autorizes the Copyingti Office to collect the personally identifying information (PII) requested on thit form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062905
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filing	d communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or moli identified city.	
	CITY OR TOWN	STATE
First Community	BUNKER HILL (MIAMI CORR)	IN
dd Rows as Necessary		

									A1-2E. PA
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM						S	STEM
	CEQUEL COMMUNICA	TIONS LLC							0629
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s								
. .	system, that is, the retransmissi								
Secondary Fransmission	about other services (including particular about other services (including particular about the accounting period	• • •			-		nose exis	ing on the	
Service: Sub-	Number of Subscribers: Bot					,	ole system	, broken	
scribers and	down by categories of secondar					•			
Rates	each category by counting the n		,	0,0		1 0		charged	
	separately for the particular server Rate: Give the standard rate of					•	,	be and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	0			· · ·				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, 1 with the number of subscribers a					•			
	sufficient.		e ngnt-n						
	BL	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SER	VICE	NO. OF SUBSCRIBER	s RA
	Residential:				0,111			CODCONDEN	
	Service to first set		0	-					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		49	42.41					
	Converter								
	Residential								
	Non-residential								
			T						
	SERVICES OTHER THAN SEC				-		tom'o oon	viene that ware	
F	In General: Space F calls for ra not covered in space E, that is, t	•	,		-				
	service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	narged on a varia	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra		he cable	system for e	ach of the	applicable servic	es listed		
ransmissions.								were not	
ransmissions: Rates	Block 2: List any services that	senarate charc	ie was n			41	vices in the	e form of a	
	Block 2: List any services tha listed in block 1 and for which a				isned. List	these other serv			
	Block 2: List any services that				isned. List	these other serv			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	ption and includ BLO	de the ra	te for each.				BLOCK 2	
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and includ BLO	de the ra CK 1 CATEG	te for each. ORY OF SER	VICE	RATE	CATEG	BLOCK 2 DRY OF SERVI	CE RA
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and includ BLO	de the ra CK 1 CATEG Installa	te for each. ORY OF SER tion: Non-res	VICE		CATEG		CE RA
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and includ BLO	de the ra CK 1 CATEG Installa • Mot	te for each. ORY OF SER tion: Non-res	VICE		CATEG		CE RA
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Con	te for each. ORY OF SER tion: Non-res el, hotel nmercial	VICE		CATEG		CE RA
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	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	VICE idential		CATEG		CE RA
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection glar protection services: onnect connect	VICE idential		CATEG		CE RA
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bury Other s • Rec • Disc • Out	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	VICE idential		CATEG		CE RA

counting Period: 2	2021/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		062905
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations c rules, regulations, or authorizations: re in space G—but do list it in space I (t n a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations on's call sign. <i>Do not</i> report origination and with a station according to its over-the	ot (1) stations carried only on a part-tin the carriage of certain network program .61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- (the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESP	ime basis under ams [sections tions carried on a postitute program Log)—if the o on some other ons. PN, etc. Identify each
	"WETA-2" as the same on t	÷		
	of license. For example, WF Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	(RC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, lis adian stations, if any, give the name of t	k station, an independent station, or a ' (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio ructions in the paper SA1-2 form. st the community to which the station is	noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFYI-1	20	E	INDIANAPOLIS, IN
	WISH-1	8	Ν	INDIANAPOLIS, IN
lows as Necessary	WNDY-1	23	I	INDIANAPOLIS, IN
	WRTV-1	6	N	INDIANAPOLIS, IN
	WTHR-1	13	N	INDIANAPOLIS, IN
	WTTV-2	4.2		INDIANAPOLIS, IN
	WXIN-1	2		INDIANAPOLIS, IN
			•••••••••••••••••••••••••••••••••••••••	

EGAL NAME OI								SYSTEM 0629
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat	y the sys be rece it the Co sign of the static ion's sig	II-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	at the system's h system's FM an his point, see pa	eadend, and (tenna, during o ige (v) of the g	2) it can certain s jeneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter: Radio
Column 4: G	live the statior	n's locati	k mark in the "S/D" column. ion (the community to which the the community with which the			CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					062905
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion, that vol	ur cable svs	tem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	authorization	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of tl	he general ins	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network tele	vision prog	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ge blank. If your answer is	: "Ves " vou r	must comple	. –	
	-		rescortins pa	ge blank. If your answer is	5 163, you i	nusi compie	te the plog	Iam
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if th	eir meaning	ı is
	clear. If you need more spa				F	,		,
				/ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.					skampio, i i		
				er "Yes." Otherwise enter "				
				asting the substitute progr		aanaad by th		in the second
	the case of Mexican or Car			he community to which the community with which the				IN
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 giv							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program can	led by a system from 6:01	: 15 p.m. to 6		should be	
		er "R" if the	listed progran	n was substituted for prog	ramming that	t your syster	n was <i>requ</i>	ired
	to delete under FCC rules a							ogram
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regula	tions in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCL	JRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES – TO	DELETION
		103 01 10	OALL OIGH		AND DAT	TROM	10	
						-	-	
						-	-	
						-	_	
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						-	-	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	CEQUEL COMMUNICATIONS LLC		062905
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission servic∉ amount, se	,570.00 ss receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062905
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	741
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or sulte number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	e B; or e system as identified owner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING	
	(Title of official position held in corporation or partnership) Date: 2/1/2022	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06290
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	-
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	-
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - x 0.00274	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - x - x 0.00274	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
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